

(Official Form B1) (12/03)

<b>FORM B1</b>		<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>		<b>Voluntary Petition</b>																
Name of Debtor (if individual, enter Last, First, Middle): <b>OCKERLUND, CRAIG R.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):																	
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																	
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-1513</b>			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):																	
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>2405 Indian Ridge Drive</b> <b>Glenview, IL 60025</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																	
County of Residence or of the Principal Place of Business: <b>Cook</b>			County of Residence or of the Principal Place of Business:																	
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																	
Location of Principal Assets of Business Debtor (if different from street address above):																				
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>																				
<b>Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																				
<b>Type of Debtor</b> (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank			<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																	
<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																	
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																				
<b>Statistical/Administrative Information</b> (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY															
Estimated Number of Creditors <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1-15</td> <td style="text-align: center;">16-49</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-199</td> <td style="text-align: center;">200-999</td> <td style="text-align: center;">1000-over</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>						1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1-15	16-49	50-99	100-199	200-999		1000-over														
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>														
Estimated Assets <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">More than \$100 million</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Estimated Debts <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">More than \$100 million</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		<b>Debtor's Name</b> <b>OCKERLUND, CRAIG R.</b>	
<b>Prior Bankruptcy Case Filed Within Last 6 Years</b> (If more than one, attach additional sheet)			
Location Where Filed: <b>- None -</b>		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ CRAIG R. OCKERLUND</u> Signature of Debtor <b>CRAIG R. OCKERLUND</b>  <b>X</b> _____ Signature of Joint Debtor  _____ Telephone Number (If not represented by attorney)  <u><b>October 15, 2005</b></u> Date		<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.  <b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.  <b>X</b> <u>/s/ JOSEPH E. COHEN</u> <u><b>October 15, 2005</b></u> Signature of Attorney for Debtor(s) Date <b>JOSEPH E. COHEN</b>  <b>Exhibit C</b> Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No	
<b>Signature of Attorney</b>  <b>X</b> <u>/s/ JOSEPH E. COHEN</u> Signature of Attorney for Debtor(s) <b>JOSEPH E. COHEN 3123243</b> Printed Name of Attorney for Debtor(s) <b>COHEN &amp; KROL</b> Firm Name <b>105 West Madison Street</b> <b>Suite 1100</b> <b>Chicago, IL 60602</b> Address <b>312-368-0300</b> Telephone Number <b>October 15, 2005</b> Date		<b>Signature of Non-Attorney Petition Preparer</b> I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.  _____ Printed Name of Bankruptcy Petition Preparer  _____ Social Security Number (Required by 11 U.S.C. § 110(c).)  _____ Address  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  <b>X</b> _____ Signature of Bankruptcy Petition Preparer  _____ Date  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date			

Form B6D  
(12/03)

In re **CRAIG R. OCKERLUND**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. <b>003482106</b>			<b>First Mortgage</b>					
<b>COUNTRYWIDE HOME LOANS</b>			<b>Residence located at</b>					
<b>Customer Service SVB-314</b>			<b>2405 Indian Ridge Drive</b>					
<b>P. O. Box 5170</b>			<b>Glenview, IL 60025</b>					
<b>Simi Valley, CA 93062-5170</b>								
			Value \$ <b>850,000.00</b>				<b>631,402.22</b>	<b>0.00</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

0 continuation sheets attached

Subtotal  
(Total of this page)

**631,402.22**

Total  
(Report on Summary of Schedules)

**631,402.22**

In re **CRAIG R. OCKERLUND**

Case No. \_\_\_\_\_

Debtor

## **SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3), as amended by § 1401 of Pub L. 109-8.

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

\*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

Form B6E - Cont.  
(04/05)

In re **CRAIG R. OCKERLUND**

Case No. \_\_\_\_\_

Debtor

# **SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** (Continuation Sheet)

## **Taxes and Certain Other Debts Owed to Governmental Units**

### TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					
Account No. <b>36-2266008</b>  <b>ILLINOIS DEPT. OF REVENUE</b> <b>100 W. Randolph Street</b> <b>Bankruptcy Section</b> <b>Chicago, IL 60601</b>	-	<b>Fica (Social Security Taxes)</b> <b>Ockerlund Construction</b>				<b>800.00</b>	<b>800.00</b>
Account No. <b>331-46-1513</b>  <b>ILLINOIS DEPT. OF REVENUE</b> <b>100 W. Randolph Street</b> <b>Bankruptcy Section</b> <b>Chicago, IL 60601</b>	-	<b>2005 Taxes</b>				<b>3,500.00</b>	<b>3,500.00</b>
Account No. <b>331-46-1513</b>  <b>INTERNAL REVENUE SERVICE</b> <b>230 South Dearborn Street</b> <b>Mail Stop 5010 CHI</b> <b>Chicago, IL 60604</b>	-	<b>2005 Taxes</b>				<b>35,000.00</b>	<b>35,000.00</b>
Account No. <b>36-2266008</b>  <b>INTERNAL REVENUE SERVICE</b> <b>230 South Dearborn Street</b> <b>Mail Stop 5010 CHI</b> <b>Chicago, IL 60604</b>	-	<b>Fica (Social Security Taxes)</b> <b>Ockerlund Construction</b>				<b>42,000.00</b>	<b>42,000.00</b>
Account No.							

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page)

**81,300.00**

Total  
(Report on Summary of Schedules)

**81,300.00**

Form B6F  
(12/03)

In re **CRAIG R. OCKERLUND**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>ATLANTIC MUTUAL INSURANCE CO. Administrative Center Three Giralda Farms Madison, NJ 07940-1004</b>	-			X	X	<b>Unknown</b>
Account No.						
<b>COHON RAZES &amp; REGAL, LLP 208 S. La Salle Street Suite 1860 Chicago, IL 60604-1160</b>	-					<b>15,994.51</b>
Account No.						
<b>ENH Dept. 77-730 Chicago, IL 60678-9730</b>	-					<b>175.96</b>
Account No.						
<b>ENH Dept. 77-9532 Chicago, IL 60678-9532</b>	-					<b>922.00</b>
Subtotal (Total of this page)						<b>17,092.47</b>

4 continuation sheets attached

Form B6F - Cont.  
(12/03)

In re **CRAIG R. OCKERLUND**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
<b>ENH</b> <b>23056 Network Place</b> <b>Chicago, IL 60673-1230</b>	-						<b>14,590.00</b>
Account No.							
<b>ENH</b> <b>9609 Eagle Way</b> <b>Chicago, IL 60678-1095</b>	-						<b>970.67</b>
Account No.							
<b>ENH</b> <b>23139 Network Place</b> <b>Chicago, IL 60673-1231</b>	-						<b>Unknown</b>
Account No.							
<b>ENH</b> <b>9609 Eagle Way</b> <b>Chicago, IL 60678-1095</b>	-						<b>947.00</b>
Account No.							
<b>ENH</b> <b>23159 Network Place</b> <b>Chicago, IL 60673-1231</b>	-						<b>340.00</b>
Sheet no. <u>1</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>16,847.67</b>

Form B6F - Cont.  
(12/03)

In re **CRAIG R. OCKERLUND**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>ENH DEPARTMENT OF ANESTHESIA</b> <b>9609 Eagle Way</b> <b>Chicago, IL 60678-1095</b>	-						<b>970.67</b>
Account No.							
<b>EVANSTON GOLF CLUB</b> <b>4401 Dempster Street</b> <b>Skokie, IL 60076</b>	-						<b>13,500.00</b>
Account No.							
<b>FRANCES GECKER, TRUSTEE</b> <b>FOR OCKERLUND CONSTRUCTION</b> <b>325 N. LaSalle, Suite 625</b> <b>Chicago, IL 60610</b>	-			X	X	X	<b>Unknown</b>
Account No.							
<b>HOWARD SIMON &amp; ASSOC.</b> <b>304 Saunders Road</b> <b>Riverwoods, IL 60015-3858</b>	-						<b>13,500.00</b>
Account No.							
<b>ILLINOIS BONE &amp; JOINT INSTITUTE</b> <b>135 S. La Salle Street</b> <b>Dept. 1052</b> <b>Chicago, IL 60674</b>	-						<b>Unknown</b>
Sheet no. <u>2</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>27,970.67</b>



Form B6F - Cont.  
(12/03)

In re **CRAIG R. OCKERLUND**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>ILLINOIS BONE &amp; JOINT INSTITUTE</b> 135 South La Salle Street Dept. 1052 Chicago, IL 60674	-						<b>858.20</b>
Account No.							
<b>ILLINOIS BONE &amp; JOINT REHAB CENTER</b> 2415 Ravvie Way, #100 Glenview, IL 60025	-						<b>1,000.00</b>
Account No.							
<b>MERCEDES LEASE</b> P. O. Box 9001921 Louisville, KY 40290	-					<b>X</b>	<b>Unknown</b>
Account No.							
<b>MIKE SUTICH</b> W. 3699 Orchard Avenue Green Lake, WI 54941	-				<b>X</b>	<b>X</b>	<b>Unknown</b>
Account No.							
<b>PATHOLOGY GROUP</b> 23159 Network Dept. Chicago, IL 60623	-						<b>340.00</b>
Sheet no. <b>3</b> of <b>4</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>2,198.20</b>

Form B6F - Cont.  
(12/03)

In re **CRAIG R. OCKERLUND**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>RESURRECTION HEALTH CARE</b> <b>Holy Family Medical Center</b> <b>Des Plaines, IL 60016</b>	-					<b>767.00</b>
Account No.						
<b>TRAVELERS PROPERTY CASUALTY</b> <b>BOND</b> <b>One Tower Square, 41B</b> <b>Attn: Tom McAuley, Esq.</b> <b>Hartford, CT 06183</b>	-				<b>X</b>	<b>627,914.86</b>
Account No.						
Account No.						
Account No.						
Sheet no. <u>4</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>628,681.86</b>
						Total (Report on Summary of Schedules)
						<b>692,790.87</b>

In re CRAIG R. OCKERLUND, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

In re CRAIG R. OCKERLUND,  
Debtor

Case No. \_\_\_\_\_

## SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

0 continuation sheets attached to Schedule of Codebtors

Official Form 8  
(12/03)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **CRAIG R. OCKERLUND**

Debtor(s)

Case No.

Chapter

**7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:

*a. Property to Be Surrendered.*

**Description of Property**  
**-NONE-**

**Creditor's name**

*b. Property to Be Retained*

*[Check any applicable statement.]*

	Description of Property	Creditor's Name	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1.	<b>Residence located at 2405 Indian Ridge Drive Glenview, IL 60025</b>	<b>COUNTRYWIDE HOME LOANS</b>			<b>X</b>

Date **October 15, 2005**

Signature **/s/ CRAIG R. OCKERLUND**  
**CRAIG R. OCKERLUND**  
Debtor

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **CRAIG R. OCKERLUND**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u><b>4,793.00</b></u>
Prior to the filing of this statement I have received.....	\$	<u><b>4,793.00</b></u>
Balance Due.....	\$	<u><b>0.00</b></u>

2. \$ **209.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **October 15, 2005**

**/s/ JOSEPH E. COHEN**

**JOSEPH E. COHEN  
 COHEN & KROL  
 105 West Madison Street  
 Suite 1100  
 Chicago, IL 60602  
 312-368-0300**

**United States Bankruptcy Court  
Northern District of Illinois**

In re **CRAIG R. OCKERLUND**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **26**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **October 15, 2005**

**/s/ CRAIG R. OCKERLUND**

**CRAIG R. OCKERLUND**

Signature of Debtor

ATLANTIC MUTUAL INSURANCE CO.  
Administrative Center  
Three Giralda Farms  
Madison, NJ 07940-1004

COHON RAZES & REGAL, LLP  
208 S. La Salle Street  
Suite 1860  
Chicago, IL 60604-1160

COUNTRYWIDE HOME LOANS  
Customer Service SVB-314  
P. O. Box 5170  
Simi Valley, CA 93062-5170

ENH  
Dept. 77-730  
Chicago, IL 60678-9730

ENH  
Dept. 77-9532  
Chicago, IL 60678-9532

ENH  
23056 Network Place  
Chicago, IL 60673-1230

ENH  
9609 Eagle Way  
Chicago, IL 60678-1095

ENH  
23139 Network Place  
Chicago, IL 60673-1231

ENH  
9609 Eagle Way  
Chicago, IL 60678-1095

ENH  
23159 Network Place  
Chicago, IL 60673-1231



ENH DEPARTMENT OF ANESTHESIA  
9609 Eagle Way  
Chicago, IL 60678-1095

EVANSTON GOLF CLUB  
4401 Dempster Street  
Skokie, IL 60076

FRANCES GECKER, TRUSTEE  
FOR OCKERLUND CONSTRUCTION  
325 N. LaSalle, Suite 625  
Chicago, IL 60610

HOWARD SIMON & ASSOC.  
304 Saunders Road  
Riverwoods, IL 60015-3858

ILLINOIS BONE & JOINT INSTITUTE  
135 S. La Salle Street  
Dept. 1052  
Chicago, IL 60674

ILLINOIS BONE & JOINT INSTITUTE  
135 South La Salle Street  
Dept. 1052  
Chicago, IL 60674

ILLINOIS BONE & JOINT REHAB CENTER  
2415 Ravvie Way, #100  
Glenview, IL 60025

ILLINOIS DEPT. OF REVENUE  
100 W. Randolph Street  
Bankruptcy Section  
Chicago, IL 60601

ILLINOIS DEPT. OF REVENUE  
100 W. Randolph Street  
Bankruptcy Section  
Chicago, IL 60601

INTERNAL REVENUE SERVICE  
230 South Dearborn Street  
Mail Stop 5010 CHI  
Chicago, IL 60604

INTERNAL REVENUE SERVICE  
230 South Dearborn Street  
Mail Stop 5010 CHI  
Chicago, IL 60604

MERCEDES LEASE  
P. O. Box 9001921  
Louisville, KY 40290

MIKE SUTICH  
W. 3699 Orchard Avenue  
Green Lake, WI 54941

PATHOLOGY GROUP  
23159 Network Dept.  
Chicago, IL 60623

RESURRECTION HEALTH CARE  
Holy Family Medical Center  
Des Plaines, IL 60016

TRAVELERS PROPERTY CASUALTY BOND  
One Tower Square, 41B  
Attn: Tom McAuley, Esq.  
Hartford, CT 06183